

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Certification & Licensing



Application for License to Operate an Assisted Living Home

_____ **New Application** _____ **Application Renewal** _____ **Modification of License**

*Please read this application carefully and answer **ALL** applicable questions. Incomplete applications will be returned to the applicant for completion. If you have questions regarding any information requested on this application, please contact: (907) 269-3640 to speak with a licensing specialist.*

1. **Name of Assisted Living Home:** _____

2. **Applicant:** The applicant is the individual or legal entity responsible for operation of the proposed assisted living home. If granted, the license will be issued in the name of the applicant.

Name: _____

Title of Applicant
(if applicable): _____

Mailing Address: _____

Physical Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

Applicant Date of Birth (MM/DD/YYYY): _____

Driver's License Number, if any: _____ State of Issuance: _____

3. **If the applicant is an association, corporation, or other entity**, please provide the following information for each member of its board or governing body and the executive director of the board or governing body. Please attach additional sheets as necessary.

Name: _____

Title: _____

Mailing Address: _____

Physical Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

4. **Please respond to this question ONLY if the applicant is a government entity. Please list the Chief Executive Officer of the applicable governmental unit or subunit.**

Name: _____

Mailing Address: _____

City State Zip

Email Address: _____

Phone Number: () _____

Fax Number: () _____

5. **Ownership Interest:** Please provide the following information for each person who has an ownership interest in the proposed Assisted Living Home. Attach additional pages as necessary.

Name: _____

Title: _____

Mailing Address: _____

City State Zip

Physical Address: _____

City State Zip

Email Address: _____

Phone Number: () _____

Fax Number: () _____

6. **Owner of Premises:** Please identify the owner of the premises (if the applicant is not the owner) in which the proposed assisted living home will be located.

Name: _____

Title, if applicable: _____

Mailing Address: _____

City State Zip

Physical Address: _____

City State Zip

Email Address: _____

Phone Number: () _____

Fax Number: () _____

7. **Physical Address of the Proposed Assisted Living Home:** *A physical location MUST be identified PRIOR to submission of an application. Changes in the proposed physical location during the licensure process may require a new application and associated fees. Applications that do not specify a physical location will be returned as incomplete applications*

Street: _____

City State Zip

8. **Facility Phone:** *If licensed, this is the phone number that will be posted on the website listing of licensed facilities. If you do not enter a phone number here, no phone will be listed on the website unless a request is submitted in writing.* _____

9. **Mailing Address of the Assisted Living Home:**

Street: _____

City State Zip

10. **Total number of individuals the home intends to serve:** _____

The total number of individuals the home intends to serve may be less than or equal to the maximum occupancy allowed by the fire department but may not be more than the maximum occupancy allowed by the fire department.

11. **Number of individuals the home intends to serve who are expected to be persons who:**

_____ 18 years of age or older who have a mental health or developmental disability.

_____ 18 years of age or older who have physical disability, are elderly, or suffering from dementia, but who are not chronically mentally ill.

12. **Does the Applicant currently hold, or ever previously held, any other licenses or certifications issued by the Department?** (Example: Child Care License, Foster Care License, Medicaid certification, etc...) If so, please list them below with their expiration dates.

13. **Administrator:** Please provide information regarding the Administrator of the proposed assisted living home.

Name: _____

Title, if applicable: _____

Mailing Address: _____

City State Zip

Physical Address: _____

City State Zip

Email Address: _____

Phone Number: () _____

Fax Number: () _____

Please list by name and address, any other assisted living home(s) the proposed Administrator is or has been affiliated with:

14. Resident Manager (if applicable):

Will the individual identified in question #13 above manage the daily operations of the proposed Assisted Living Home? ☐ Yes ☐ No

If not, please identify the individual who will serve as the resident manager and manage the daily operations of the proposed Assisted Living Home.

Name: _____

Title, if applicable: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Email Address: _____

Phone Number: () _____

Fax Number: () _____

Please list by name and address, any other assisted living home(s) the Resident Manager is or has been affiliated with:

15. Modification Sought (if applicable): _____

16. The following, as applicable, are required to be attached to your application. *If you have previously submitted the below documents, please attach only the documents that have been revised, added, and/or modified in any way.*

- ☐ Legal Name, Date of Birth, and Driver's License Number for each member of the applicant's household who will be residing in the Proposed Assisted Living Home.
- ☐ If the applicant is a legal entity, submit a copy of the enabling legislation, charter, partnership agreement, constitution, or articles of incorporation as applicable
- ☐ Services the home proposes to offer.
- ☐ A staffing plan that describes the number of employees that will be employed by the home and each employee's responsibilities. The staffing plan must include a statement that the home is prepared to modify the staffing plan to meet the terms of an individual residential services contract executed under AS 47.33.210 or an assisted living plan prepared under AS 47.33.220 and AS 47.33.230. If the home will have volunteers providing direct care services, please include those individuals in the staffing plan.
- ☐ A disaster preparedness and emergency evacuation plan that complies with 7 AAC 10.1010 to protect the residents of the home from a disaster or other emergency.
- ☐ Copies of all permits and approvals required by state or local government agencies, other than the Department of Health and Social Services, for construction or operation of the home.
 - ☐ Report from an inspection required under 7 AAC 1010 (Fire Safety)
 - ☐ Report from an inspection required under 18 AAC 31 (Alaska Food Code)
 - ☐ Report from an inspection required under 18 AAC 60 (Solid Waste Management)
 - ☐ Report from an inspection required under 18 AAC 72 (Wastewater Treatment and Disposal)
 - ☐ Report from an inspection required under 18 AAC 80 (Drinking Water)

In addition to the applicable report, the applicant must provide a copy of any variance, waiver, or exemption granted under the above referenced chapters.

- ☐ Any requests for a general variance from a provision of AS 47.32, AS 47.33, AS 47.05, 7 AAC 10 or 7 AAC 75.
- ☐ Completed Administrator/Resident Manager Questionnaire
- ☐ If applying to operate a home licensed for 11 or more residents, or to operate multiple homes, you must submit a business plan that includes a description of the plan, services offered, the location of the business, a management and personnel plan, and a projected detail of anticipated monthly expenses for six months.
- ☐ Information concerning any denial of a prior application (including denial of Assisted Living License, Child Care License, Foster Care, Residential Child Care, etc.), voluntary termination of a license during an investigation, or of an individual's termination of as administrator or care provider for cause.

17. Application / modification fees: Please include check or money order with this application.

- ☐ **Licensure for one or two residents:** \$25.00
- ☐ **Licensure for three (3) or more residents:** \$25.00 per resident. *(For example, to apply for licensure to service five (5) residents, the fee is calculated as follows: \$25.00 for each resident for a total of \$125.00).*
- ☐ **Modification of (a) location or other major modification:** \$25.00
- ☐ **Modification of (b) capacity (# of residents):** \$25.00 per additional resident.
- ☐ **Modification of both (a) and (b):** \$25.00 plus \$25.00 for each additional resident.

Total fee enclosed: _____

This is to certify that this applicant agrees:

To comply with applicable licensing statutes and regulations, including but not limited to AS 47.05, AS 47.32, AS 47.33, 7 AAC 10 and 7 AAC 75.

To keep records necessary to demonstrate compliance with the statutes and regulations governing licensure of assisted living homes and to make such records available to the Department of Health and Social Services, or its authorized representatives, upon request.

To permit representatives of the Department of Health and Social Services access to inspect the assisted living home, review records, including files of individuals who received services from the assisted living home; interview staff; and interview individuals receiving services from the assisted living home.

I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify that the information contained in this application and applicable attachments is true, accurate, and complete.

Signature of Applicant

Date

Printed Name of Applicant

Notarized by:

Signature of Notary for State of Alaska

Printed Name of Notary

My Commission Expires

Return completed applications to:

State of Alaska
DHSS/Division of Health Care Services
Certification & Licensing
4601 Business Park Blvd, Bldg K.
Anchorage, AK 99503